

**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	10/599,465
Filing Date	3-31-04
First Named Inventor	CHO, Yong-Jo
Title	Polypeptide Involving the Secretion
Art Unit	
Examiner Name	
Attorney Docket Number	DN20004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number:

27187

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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 Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor;

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE OF Applicant or Assignee of Record

Signature

Y. B. Y. AM

Date

30 Nov 2006

Name

AMN, Bo-Young

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of four forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number 10/599,465
Filing Date 3-31-04
First Named Inventor CHO, Yang-Ju
Title Polypeptide Inducing the Secretion
App Unit
Examiner Name
Attorney Docket Number ON/0004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.72(b) is required. (Form PTO/SB/69)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

CHO, Yang-Ju

Date

20. Nov. 2006

Telephone

Title and Capacity

NOTE: Signatures of all the inventors or assignees of interest of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of four forms are submitted.

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